

JUDGE'S COPY 1-(U-01-1064)

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DC-135A

FILED

HARRISBURG, PA COMMONWEALTH OF PENNSYLVANIA

JUL 16 2002

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

MARY E. D'ANDREA, CLERK

Per _____

Complete Items Number 1-7. If you follow instructions in preparing
Deputy Clerk's request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Joseph Mataloni Health care administrator

2. DATE

5-6-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Phan Hue DY0577

4. COUNSELOR'S NAME

Ms Simmons

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

A-Block AA10

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I am not aware if I have been taken off of medical restriction due to my still present shoulder condition. I have been put back to work in the kitchen and at Block janitorial labor. I am having terrible pain in shoulder and slight numbness in lower part of right arm. I was last referred to a outside physician by the DOC medical doctor because injury was to technical to treat in house. The outside doctor said I would need to see a Bone specialists for proper treatment and diagnosis. This has not been done and I feel that I am being denied proper medical services. Please respond soon as can

Thank You

Phan Hue

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr Hue,

Sign-up An sick-call + ask the PA about work restrictions. He will address your concerns.

 TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

J. MATALONI, CCA

DATE

5/10/00

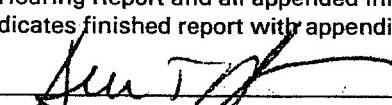
Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>TR Wernagur's department</i>	2. Date: <i>3-16-2</i>	
3. By: (Print Inmate Name and Number) <i>Phan Huu DY0577</i>	4. Counselor's Name <i>Miller</i>	
	5. Unit Manager's Name <i>Hazlak</i>	
6. Work Assignment <i>Laundry</i>	7. Housing Assignment <i>HA 19</i>	
8. Subject: State your request completely but briefly. Give details. <i>I was wondering if you still has my test scores of my tube test. I think it was back in September of 1999. I wan to know my scores for Reading and writing in English.</i>		
<i>I was in MRS. Grail's class for a period of time.</i>		
<i>Would you please write in my past scores or any proof of my Education.</i>		
9. Response: (This Section for Staff Response Only)		
<i>Mr. Huu,</i>		
<i>I'm unable to find a hard copy of any TABE you have taken here at SCI Gettysburg. My computer based Educational Report shows you took a TABE on 12/18/01. I suspect it was administered by Mrs. Grail. Possibly you could write to her for assistance.</i>		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Date

03/13/02

DC-141 Rev. 6-84 DISCIPLINARY HEARING REPORT		PART II B COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
DC Number	Name		Institution	Hearing Date	Hearing Time
DY0577	Phan		SCI RT	01 May 00	1300 hrs
INMATE PLEA	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty		<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
HEARING ACTION					
CHARGES	<i>Class I Category B #39, Refusing to work</i>				
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED					
<p><i>This is an informal resolution : 01 May 00</i></p> <p><i>Return to work in kitchen</i></p> <p><i>and</i></p> <p><i>3 days of Cleaning Showers, & pay</i></p> <p><i>effective May 3, 2000 through May 5, 2000</i></p>					
<p><input type="checkbox"/> YES <input type="checkbox"/> NO The inmate has heard the decision and has been told the reason for it and what will happen.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO The circumstances of the charge have been read and fully explained to the inmate.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO The opportunity to have the inmate's version reported as part of the record was given.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.</p>					
NAME(S) OF HEARING EXAMINER/COMMITTEE (TYPED OR PRINTED)			Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.		
			 SIGNATURE OF HEARING EXAMINER/COORDINATOR		

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBERCommonwealth of Pennsylvania
Department of Corrections**INSTRUCTIONS**

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Jos. Lengyel Griev. Coor.

2. Date:

2-15-02

3. By: (Print Inmate Name and Number)

Hue Phan, DY-0577

4. Counselor's Name,

Miller

Inmate Signature

5. Unit Manager's Name

Hazzak

6. Work Assignment

Laundry

7. Housing Assignment

AA-19

8. Subject: State your request completely but briefly. Give details.

Sir, I need a photocopy of the grievance & subsequent review of same. I'll determine the costs.

9. Response: (This Section for Staff Response Only)

You should take your copy to the library to have it done.

To DC-14 CAR only To DC-14 CAR and DC-15 IRS

Staff Member Name

Print

Sign

Date 2-20-02

19

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer) Lengyel
Grievance Accordinator

3. By: (Print Inmate Name and Number)
Phan Huie 070577

Inmate Signature

6. Work Assignment

Laundry.

2. Date:

3-11-2

4. Counselor's Name

Miller

5. Unit Manager's Name

Hazlak

7. Housing Assignment

AA 19

8. Subject: State your request completely but briefly. Give details.

I had filed a grievance back in 2000, April 12, 2000. And I want a copy of the resolution results. I was never given a copy in the past as too dated. Here is my grievance Number Ret. 0112-00. It is for my person record. I was a kitchen worker then. I will pay the cost of the photo copy or copies.

Thank you

9. Response: (This Section for Staff Response Only)

M. Huie,Copy of grievance is attached

RECEIVED

To DC-14 CAR only To DC-14 CAR and DC-15 IRS Staff Member Name: E. Klon
Signature: E. Klon
Office: Superintendent

Print

Sign: E. KlonDate: 3/12/02

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Jos. Lengyel Griev. Coor.</i>	2. Date: <i>2-15-02</i>	
3. By: (Print Inmate Name and Number) <i>Hue Phan, DY-0537</i>	4. Counselor's Name, <i>miller</i>	
	5. Unit Manager's Name <i>Hazlak</i>	
6. Work Assignment <i>Laundry</i>	7. Housing Assignment <i>AA-19</i>	
8. Subject: State your request completely but briefly. Give details. <i>Sir, I need a photocopy of the grievance to subsequent review of same. I'll determine the costs.</i>		
9. Response: (This Section for Staff Response Only)		
<i>You should take your copy to the library to have it done.</i>		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Date

2-20-02

Sign

DC-141

Rev. 6-84

DISCIPLINARY HEARING REPORT

PART II B

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

DC Number DY0577	Name Phan	Institution SCI PT	Hearing Date 01 May 00	Hearing Time 1300 hrs	No from Part
INMATE PLEA	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	

HEARING ACTION

CHARGES

Class I Category B #39, Refusing to work

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

This is an informal resolution.
Return to work in kitchen
and

3 days of Cleaning Shower, & Pay
effective May 3, 2000 through May 5, 2000

01 May 00

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The circumstances of the charge have been read and fully explained to the inmate.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The opportunity to have the inmate's version reported as part of the record was given.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.

SEE APPENDICES NAME(S) OF HEARING EXAMINER/COMMITTEE
(TYPED OR PRINTED)

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

Signature of Hearing Examiner/Coordinator

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Grievance Coordinator</i>	2. Date: <i>4-8-2</i>	
3. By: (Print Inmate Name and Number) <i>Phan Hue DY0577</i>	4. Counselor's Name <i>Miller</i>	5. Unit Manager's Name <i>Hazlak</i>
Inmate Signature		
6. Work Assignment	7. Housing Assignment <i>A-Unit</i>	
8. Subject: State your request completely but briefly. Give details. <i>This request is regarding a copy of the determination of my grievance No. 0185-00. And A copy of the actual grievance when it was filed. Langley refused me this type of materials when he was here.</i>		
 <i>Klem gave me copies of my other grievance.</i>		
9. Response: (This Section for Staff Response Only)		
Mr. Phan Hue: Per DOC Policy, the following charges will be imposed for reproduction of records maintained on paper - a fee of \$1.00 for the first page and \$.25 per page thereafter. So, if you submit 3 signed Cash Slips for \$1.25 to the Grievance Coordinator, your Grievance #RET 0185-00 will be copied and sent to you.		
c: Ms. O'Day Mrs. Sheetz Mr. Hazlak File		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS. <input checked="" type="checkbox"/>	

Staff Member Name

E. Klem / S. Hue Date 4/16/02
 Print Sign

DC-141

PART II B

COMMONWEALTH OF PENNSYLVANIA

Rev. 6-84
DISCIPLINARY HEARING REPORT

DEPARTMENT OF CORRECTIONS

DC Number DY0577	Name Phan, Huu	Institution SCI Mt	Hearing Date 17 Dec 01	Hearing Time 1120 hrs	No. from Pa. 416 19
INMATE PLEA	<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	Informal Resolution

CHARGES **II, C, #52 any violation of a rule or regulation in the inmate handbook not specified as a class 1 misconduct charge. Specifically DCADM 803 VI procedure A. 3, b**

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Informal resolution hearing held.

Inmate committed about this conduct.

Sanction: Loss of Privileges 7 Days

No yard, No Dayroom, No Gym

May Skinner upon return to the unit from work.

Start: 17 Dec 01

end: 23 Dec 01

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The circumstances of the charge have been read and fully explained to the inmate.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The opportunity to have the inmate's version reported as part of the record was given.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.

SEE APPENDICES

NAME(S) OF HEARING EXAMINER/COMMITTEE
(TYPED OR PRINTED)

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

D. HAZLA/L

SIGNATURE OF HEARING EXAMINER/COORDINATOR

FORM DC-141. PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS MISCONDUCT REPORT OTHER DC-ADM 801 INFORMAL RESOLUTION

416198

DC Number DY0577	Name Phan	Institution SCI-RT	Incident Time 24 Hr. Base N/A	Incident Date	Date of Report 12-12-01
Quarters AA 1490	Place of Incident N/A				

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

DC Number	Name	I	W	DC Number	Name	I
	Horn	/				

MISCONDUCT CHARGE OR OTHER ACTION C CLASS II #52 Any violation of a rule or regulation in the Inmate Handbook not specified as a Class I misconduct charge. SPECIFICALLY DC-ADM 803 III Procedures A. 3 b

STAFF MEMBER'S VERSION

Inmate Phan Admitted to entering into a business type transaction with inmate Horn, CX3545, and Horn's mother. Phan granted Power of Attorney to the Horns and all agreed to split proceeds from a property owned by Phan.

Inmates are prohibited from transferring or receiving monies or things with value to other inmates or their families without prior approval of the Facility Manager. An attempt to do so is the same as the act.

Delay in writing misconduct due to discovery and investigation.

Informal resolution hearing held 17 Dec 01

J. J. M.

IMMEDIATE ACTION TAKEN AND REASON

Continue present status and refer to Unit Manager then [redacted] for informal resolution

PRE-HEARING CONFINEMENT

IF YES					
<input type="checkbox"/> YES	TIME	DATE			
<input checked="" type="checkbox"/> NO					

FORMS GIVEN TO INMATE

REQUEST FOR WITNESSES AND REPRESENTATION INMATE'S VERSION

REPORTING STAFF MEMBER SIGNATURE AND TITLE <i>M. F. Horn, COT</i>	ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY <i>M. F. Horn, COT</i>	DATE AND TIME INMATE GIVEN COPY DATE TIME 24 HOUR BASE
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YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE TIME	MISCONDUCT CATEGORY <input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2	Signature of Person Serving Notice
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NOTICE TO INMATE

You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.

WHITE — DC-15 YELLOW — Inmate PINK — Reporting Staff Member GOLDENROD — Deputy Superintendent Facility Management

DC-141,
Rev. 6-84
DISCIPLINARY HEARING REPORTPART II B
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

DC Number <u>340577</u>	Name <u>PHAN</u>	Institution <u>SCI RT</u>	Hearing Date <u>12-14-01</u>	Hearing Time <u>1821</u>	No. from Part <u>409803</u>
INMATE PLEA	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict <u>Not Guilty</u>	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	

HEARING ACTION

CHARGES #52

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

*Charge dismissed without prejudice.
Hearing was done informally.*

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen.	SEE APPENDICES <input type="checkbox"/>
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The circumstances of the charge have been read and fully explained to the inmate.	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The opportunity to have the inmate's version reported as part of the record was given.	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.	

NAME(S) OF HEARING EXAMINER/COMMITTEE (TYPED OR PRINTED) <u>DONALD J. JONES</u>	Hearing Report and all appended information must be signed. Signature indicates finished report with appendices. <u>Donald J. Jones</u> SIGNATURE OF HEARING EXAMINER/COORDINATOR
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FORM DC-141 PART 1
Rev 3/00COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

409803

 MISCONDUCT REPORT OTHER DC-ADM-801 INFORMAL RESOLUTION

DC Number BY-0577	Name PHAN	Institution SCI-AT	Incident Time 24 Hr. Base 1530	Incident Date 12-11-01	Date of Report 12-11-01
Quarters A	Place of Incident				

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

DC Number	Name	I	W	DC Number	Name	I
	CAPT. HOOVER		/			

MISCONDUCT CHARGE OR OTHER ACTION

BY-ADM-803 VI A 3 B + 11452

ANY VIOLATION OF A RULE OR REGULATION IN THE INMATE HANDBOOK
NOT SPECIFIED A CLASS I MISCONDUCT.

STAFF MEMBER'S VERSION

BY-0577 PHAN IS IN VIOLATION OF DC-ADM-803
VI A 3 B IN WHICH JIM PHAN GRANTED PLACE OF ATTORNEY
TO THE MOTHER OF CX-3545 HORN FOR THE PURPOSE OF
SHARING IN PROFIT FROM A BUILDING JIM PHAN OWNED IN
PHILA.

INMATES ARE NOT ALLOWED TO ENGAGE IN ANY BUSINESS
WITH OTHER INMATES OR THEIR FAMILIES.

IMMEDIATE ACTION TAKEN AND REASON

Refer to Hearing Examiner because
Severity of misconduct

PRE-HEARING CONFINEMENT		
IF YES		
<input type="checkbox"/> YES	TIME	DATE
<input type="checkbox"/> NO		

REQUEST FOR WITNESSES AND REPRESENTATION INMATE'S VERSION

REPORTING STAFF MEMBER SIGNATURE AND TITLE Lt. Bulk	RANKING C.O. ON DUTY Capt Miller C.O. IV	SIGNATURE AND TITLE Capt Miller C.O. IV
--	--	---

ACTION REVIEWED AND APPROVED BY

DATE AND TIME INMATE GIVEN COPY
DATE **12-11-01** TIME 24 HOUR BASED

YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE 12-13-01 TIME 0900	
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MISCONDUCT CATEGORY

CLASS 1 CLASS 2

Signature of Person Serving Notice
ZABRETSKY CO

NOTICE TO INMATE

You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.

WHITE — DC-15

YELLOW — Inmate

PINK — Reporting Staff Member

GOLDENROD — Deputy Superintendent Facility Management

DC-ADM4

PART II

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001**

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

RET 0112-00

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
HUE PHAN, DY-0577	SCI-RETREAT	A-UNIT	4/12/00

The following is a summary of my findings regarding your grievance:

This Grievance was referred to Mr. Mataloni, designated Grievance Officer for this type of Grievance.

Mr. Mataloni reports, "What medication is given and for how long is the decision of the M.D. or P.A. This is a medical decision made by the Practitioners."

If you are having problem with your medication, you should sign up for Sick Call again.

JLL/mts

Refer to DC-ADM 804, Section VIII,
for instructions on grievance
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

DATE

4-14-2000

DC-804

PART 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

RET0112-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
HUE Phan DY 0577	<i>Hue Phan</i>	4-13-00
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
(Previous) Kitchen Worker	A-B-10	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

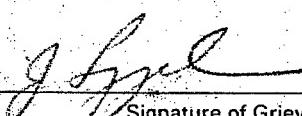
A. Brief, clear statement of grievance:

I am filing this grievance towards MATT Blawie, head of the medical Department. Because I had an accident in the kitchen while I was to work Feb 28 2000 on the date I was having shoulder pain in my left shoulder. I fell off my chair and my shoulder was bent at 90 degrees. I went to see a doctor at an outside hospital, he said it was not broke but I went to see a Bone Specialist. Dr. Lee gave me pain medication which I am taking off of after a month. Dr. Lee told me I will have pain in my shoulder. I have been in sick call a reasonable amount of times and the newest physician let me go home and I don't need a sling or medication anymore. I can't sleep, now my shoulder I experience all of the complications from having it and they still eat like something is wrong, or I am not fit to be here. I am a Bone Specialist. I want a Dr. or Doctor till they Dr. says they

B. Actions taken and staff you have contacted before submitting this grievance:

I have went to sick call, seen the Assistant Physician, he never left me alone to Doctor

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

4-13-00

Date

DC-804
PART 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598**

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR Joseph Lenayel	INSTITUTION SCI Retreat	DATE 1/23/01
FROM: (Commitment Name & Number) JJ William Locke EA-1991	INMATE'S SIGNATURE William Jicks	
WORK ASSIGNMENT _____	QUARTERS ASSIGNMENT CB-53	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system..
 2. State your grievance in Block A in a brief and understandable manner.
 3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

2 - In which I'd suffered from a gun shot wound in 1996. And after several days of medical attention. P.A James stated that I had received a slight concussion. Point in fact, while I was laying on the floor waiting for the medical staff to transport me to the infirmary. Sgt. Seevon nearly took a major fall himself in the same area but he managed to regain his balance by quickly grasping onto a nearby metal pole. Due to the fact, that I have to go to the cafeteria to get my meals again I try to go up to the cafeteria as least as possible because since my return to population every single time that I've struggled to go up there the same area is still continuously dripping liquids onto the floor as if my incident never happened + no one is in charge of monitoring the hazardous area. I would like to sincerely suggest that

B. Actions taken and staff you have contacted before submitting this grievance:

Investigate the above matter with diligence as soon as possible to avoid any
further injuries to the inmates or staff. I also look forward to a
immediate response ... Respectfully Thanking you in advance.
William Locke Esq.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

mat

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

RET0112-00

TO: GRIEVANCE COORDINATOR	INSTITUTION	DATE
FROM: (Commitment Name & Number)	INMATE'S SIGNATURE	
HUE PHAN DY 0577	<i>Hue Phan</i>	4-12-2000
WORK ASSIGNMENT	QUARTERS ASSIGNMENT	
(Previous) Kitchen worker	A - A - 10	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I'm Filing this grievance towards MATT Ahoni head of the medical Department. Because I had an accident in the kitchen where I used to work Feb 28, 2000 was the date. I hurt my shoulder and my teeth were broke when I fell. My shoulder was locked at by a Doctor at an outside hospital, he said it was not broke but I need to see a Bone Specialist. I was given pain medication, then I was taken off it after a month. I'm still having terrible pain in my shoulder, I have went to sick call a numerous amount of times and the assistant physician tells me I'm okay and I don't need a sling or medication no more. I can not hardly move my shoulder I explained all of the complications I'm having and they will not listen. Something is wrong, or I wouldn't have to see a Bone Specialist. I just want a pain Reliever till they do something.

B. Actions taken and staff you have contacted before submitting this grievance:

I have went to sick call, seen the Assistant Physician, he never left me see a Doctor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

4-13-00

Date

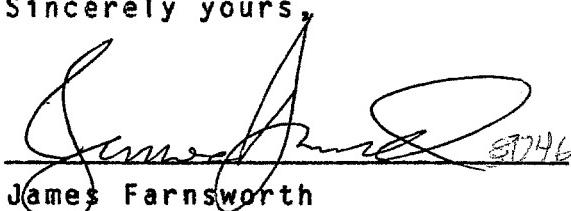
James Farnsworth
660 State Route 11
Hunlock Creek, PA 18621

Dated: June, 20th, 2002

To whom it may concern,

On February 28, 2000, I, James Farnsworth, saw Mr. Phan Hue in an arm sling after a fall in the kitchen at the State Correctional Institution - Retreat. After not working in the kitchen for awhile because of the injury he suffered. Around the middle of May of 2000, Mr. Dale T. Hazlak, Unit Manager of A-block, served him with a disciplinary misconduct report form (DC-141) for not working with his injured shoulder. Mr. Hazlak sentenced him to work on the block of A-unit. I saw Mr. Hue mopping the floor and cleaning the showers with one arm and the other arm in a sling. He had his shoulder looked at by the doctors here at this institution, but I think that there is still something wrong with his shoulder. Because when I put my hand on his shoulder and told him to move it around, I could feel it popping and grinding. Also, there are no physical scars near or around his shoulder from any operation that was to have been done on his shoulder.

Sincerely yours,


James Farnsworth
(without prejudice)

SWORN AND SUBSCRIBED BEFORE ME THIS

20 DAY OF June 2002
Joan O. Evan

NOTARIAL SEAL
JOAN O. EVAN, NOTARY PUBLIC
NEWPORT TWP., LUZERNE COUNTY
MY COMMISSION EXPIRES JULY 5, 2004

William D. Vogel
EB-0546
660 State Route 11
Hunlock Creek, PA 18621

Dated: 6/24/02

Affidavit

To Whom It May Concern,

First I start by saying that I William D. Vogel do solemnly swear, that according to my knowledge (what I know personally) that every thing that I am writing herein, is the truth - the honest truth so help me God. Now I came into the jail of S.C.I. Retreat on January 11, 2002 and not to long after that I moved into the cell with Mr. Phan Hue (inmate D.O.C. #DY-0577). Further more upon my moving in with Mr. Phan Hue and living with him I can verify that he seemed to be physically in good health. But that was soon to change on the coming of February 28, 2000. Now on the date of February 28, 2000, Mr. Phan Hue had a serious job related - accident while he was up in the kitchen, at approximately 1:00 pm C.O. Donahue, was coming around for count time and I started to tell him that Mr. Phan Hue never came back from work, and that I didn't know where he was at. That is when he (the C.O.) began to tell me that Phan had an accident at work and that he was in the hospital. I was further instructed to pack up Mr. Phan's personal belongings.

Mr. Phan was kept in the hospital for only a day or so and then was released back to the block. I further remember that when he returned back to the cell from the hospital that he seemed like that he was in a great deal of pain, his shoulder had been placed in a sling and as I can recall his

gums were bleeding and I remember asking him. Mr. Phan - what happened to all of your teeth? Because I had noticed that his gums were bleeding and that "all" of his teeth were missing. Mr. Phan - answer to my question was, that his teeth came out when he slipped and fell at work. Furthermore as I remember he was only given the sling for his arm for about 2½ weeks and he was given pain medication every day for about 1 month. Also I can remember him being called down to medical for more x - rays one afternoon and on his return back to the cell he was telling me how the institutional (jail) doctor was telling him that from the looks of the x - rays that it looked like that he fractured his right rotator cup to his shoulder and how that they wanted to send him to a specialist on the outside of this jail. Approximately 4 to 6 weeks after Mr. Phan's accident happened, he was called up to talk to Mr. Hazlak (A Block unit manager), and when he refused to go back to work and told Mr. Hazlak that he was in pain and really didn't want to go to work just yet. Phan told me that Mr. Hazlak told him that he was giving him only 2 options either go back to work or that he was going to write him up for refusing to go back to work. Mr. Phan refused to go back to work because he was still in pain. But regardless of that aMr. Hazlak wrote him up and Phan was given something like 3 days on cell restriction and was forced to clean the block, showers and sweep the block's day room floor and I saw this personally. If you were to touch Mr. Phan's right shoulder and he was to move his arm in any manner you would feel something that feels like that there is something that is in his shoulder that is cracking. In closing like I stated in the beginning - that everything that I have wrote herein is the truth - the whole truth so help me God.

Sincerely William D. Vogel 81746

William D. Vogel, EB-0546

Raymond Noon
EB-8955
660 State Route 11
Hunlock Creek, PA 18621

DATED: 6 22 02

AFFIDAVIT

To Whom It May Concern,

I, "Raymond Noon", am giving this statement as to the best of my knowledge and as to what I saw of Phan Hue working in the kitchen at S.C.I. Retreat.

I was employed by this institution, by inmate employment service, Mr. Giza, to work in the kitchen.

On a number of days in the second week of May, 2000. I noticed this oriental person working with one hand and the other one tucked in his smock. I approached him and asked him why his arm was like that. He stated, "the pain".

I knew that he was out of work for a few weeks due to a fall in the kitchen area that happened back in February, 2000. This man was known to me as Mr. Hue, by the stewards. I have seen him around the kitchen, but only for a few weeks in severe pain, working with one hand. Mopping, sweeping, or wiping tables. I told him to go and see the doctor and he stated that "they will not help me, that they say nothing is wrong with me.

I know that the floor in the kitchen is very slippery, due to the ceramic tiles that they had installed. That infact I have slipped on these tiles and almost fallen.

This is the best of my recollection of what happened at that time period.

Respectfully submitted,

Raymond Noon Jr.

E#B-8955

xc: Mr. U. HAZLICK ITBZ
medical
File - F.S. Sup vs

DC-135A

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Mr Edward O'Brien Food Service Manager	
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
PHAN Hue NY0577	
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
Kitchen	A-Block AA-10
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Since I have been back to work, I am still suffering from severe pain in my right shoulder and arm, since my fall in the kitchen my last time at work. I am being forced to work heavy labor when staff recognizes my poor or hampered use of my right shoulder and arm. Mr O'Brien would you please schedule me for light duty work only till my medical problems have been cleared by necessary physician. At the beginning of my injury I was by the DOC medical dept. referred to a outside attending physician which that physician said that I need to see a Bone specialist for my shoulder problem. To this date and time I have not been seen by any such doctor. Till this issue is addressed and resolved would you please respond back to me on the issues that concern you and the kitchen dept.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) concerns you and the kitchen dept.

Thank You

phashed

I contacted MR. HAZLICK WHO IN TURN WILL CONTACT MEDICAL FOR AN EVALUATION OF MEDICAL STATUS. AT THIS POINT - 05/08/00 YOU ARE PENDING A DECISION FROM MEDICAL STILL ASSIGNED TO THE KITCHEN.

Ed O'Brien CFSW

TO DC-14 CAR AND DC-15 IRS

TO DC-14 CAR ONLY

STAFF MEMBER

DATE

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**DY-0577

(Inmate Number)

Phan Hué

(Name of Plaintiff)

660 State Route 11

(Address of Plaintiff)

Hunlock Creek, Pa. 18621

(Case Number)

vs.

James Updike; Joseph
Mataloni; Edward O'Brian; Dale Hazel

(Names of Defendants)

COMPLAINTTO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS 28 U.S.C. § 1331 - FEDERAL OFFICIALS**I. Previous Lawsuits**

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N. A.

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?

 Yes No

- B. Have you filed a grievance concerning the facts relating to this complaint?

 Yes NoIf your answer is no, explain why not N. A.

- C. Is the grievance process completed? Yes No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant James Updike is employed as Physician's Asst. at S.C.I. Retreat;
- B. Additional defendants Joseph Montaloni is the Chief Health Care Administrator at S.C.I. Retreat; Edward O'Brian is the Culinary manager at S.C.I. Retreat; Dale

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. On Feb. 28th, 2000, while working in the kitchen area, I had an accident which seriously injured my shoulder & knocked out teeth;
2. I was taken to the outside hospital where the Emergency room physician informed me that I would need to see a bone specialist & prescribed medication;
3. Subsequent to my return to the institution, defendant Updike discontinued my medication; Confiscated my shoulder restraint & refused

{Cont.}

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

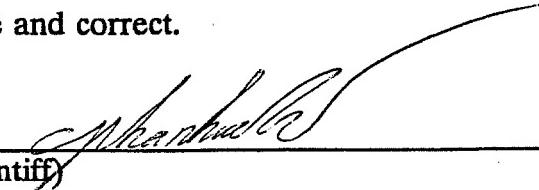
1. repair of my medical maladies resultant from the work accident;
expungement of the misconduct from my record simply for fighting for my Constitutional Rights;
2. monetary Compensation awarded by a jury I commensurate with the physical / psychological pain / duress suffered to date;
3. Punitive Damages in the amount of \$10,000.00 from each defendant so that they do not put another individual through the same trauma.

Signed this 12 day of June, 2001.


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-12-2001
(Date)


(Signature of Plaintiff)

IV. (3) statement of claim Cont. :

with their forcing me to work because they feared I was going to sue over the conditions of the workplace hence the subsequent injury.)

Defendant O'Brien would not recognize my injury thus my inability to work & used all his official pressure to see (1) that my injury was not recognized, (2) that I be made to work.

Defendant that he retaliated against me by seeing that I was punished for refusing to work based upon my contentions of the 8th Cruel & Unusual punishment violations & my attempts to get the prescribed medical attention.

III: B: Additional defendants Cont.:

Hazlak is unit manager at S.C.I. Retreat.

IV. (3) statement of claim Cont.:

To schedule me to see the bone specialist;

defendant Matloni was apprised of my inability to use my arm or move my shoulder & he acquiesced to the continuation of denying me the prescribed medication. The continued denial of my shoulder, arm restraint-harness, the continued refusal to honor the outside doctor's referral to a bone specialist & when defendant O'Brien & defendant Hazlak were adamant about not letting me off of work, concurred

101-CV-1064

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR DEPUTY PIAZZA	FACILITY: SCT. Retreat	DATE: 2/3/01
FROM: (INMATE NAME & NUMBER) William Locke EA-199 HARRISBURG	SIGNATURE of INMATE: William Locke	
WORK ASSIGNMENT:	JUL 16 2001 HOUSING ASSIGNMENT: CB 53	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and readable manner.
 3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On the following date of Tuesday, JANUARY 16, 2001 I William Locke, entered the cafeteria around 5:40pm in the evening for dinner. As I was in line waiting to receive my tray after i'd retrieved it I proceeded to the right in an attempt to grab a cup of water the unfortunate thing about it is that, the floor was extra slippery they (the kitchen workers) had mopped the area with a vegetable oil. There was not any type of rubber mat that would act as a support barrier between the constant spilling of liquids that lined in front of the beverage counter, nor was there a caution wet warning sign located in the entire eating area. As a result my feet went sky high into the air I landed on my back and simultaneously hit my head against the floor Re-injuring my lower back in which i'd suffered from a gun shot wound in 1996. And after several days of medical attention P.A. JAMES stated that

- B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

ED

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

RET 0058-01

TO: GRIEVANCE COORDINATOR <i>Joseph Lengel</i>	INSTITUTION SCI-RETREAT	DATE 1/23/01
FROM: (Commitment Name & Number) William Locke EA-1991	INMATE'S SIGNATURE <i>William Locke</i>	
WORK ASSIGNMENT —	QUARTERS ASSIGNMENT CB 53	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On the following date of Tuesday, JANUARY 16, 2001, I William Locke,
entered the cafeteria around 5:40PM in the evening for dinner, As
I was in line waiting to receive my tray, after I'd retrieved it, I
proceeded to the right in an attempt to grab a cup of water, the
unfortunate thing about it is that, the floor was extra slippery,
like they (the kitchen workers) had mopped the area with a vegetable
oil mop. There was not any type of rubber mat that would act as a
support barrier between the constant spilling of liquids that linger
in front of the beverage counter, NOR was there a caution wet warning
sign located in the entire eating area. As a result my feet went sky high
into the air, I landed on my back and simultaneously hit my head
against the floor re-injuring my lower left lumbar ... → CONT.

B. Actions taken and staff you have contacted before submitting this grievance:

In the Commonwealth of Pennsylvania D.O.C. Inmate Handbook
Policy # 14.1.1 Food Services (Adm DIR 610) Under Procedures + Inspect
A daily housekeeping and sanitation inspection shall be performed and documented
once per shift by a food service staff member as designated by the C.F.S.M.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

J. Lengel

Signature of Grievance Coordinator

1-25-01

Date

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

RET 0058-01

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
William Locke EA-1991	SCI-Retreat	CB-53	1/23/01

The following is a summary of my findings regarding your grievance:

Inmate Locke EA-1991 it's unfortunate that you fell - As I discussed with you on 1/26/01, I am looking into a product that will enhance the safety of the area. Sincerely.

EJO/mm

xc: Supt. Klem
 Joseph Lengyel
 Deputy Piazza
 File
 Marsha M. Davis, Esq.
 Marilyn Semanski

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Deputy Pizzati</i>	FACILITY: <i>SCI Retreat</i>	DATE: <i>8/8/01</i>
FROM: (INMATE NAME & NUMBER) <i>William Locke, EA-1991</i>	SIGNATURE OF INMATE: <i>William Locke</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>CB-53</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum of two pages. Received a slight concussion. Point in fact, while I was laying on the floor waiting for the medical staff to transport me to the infirmary, Sgt. Sekbini nearly took a step & fall himself in the same area but he'd managed to regain his balance by quickly grasping onto nearby metal pole. I still try to go up to the cafeteria as best as possible although the P.A. recommended that I should take advantage of the work by going to all three daily meals but every time that I have went to there since my return to population the same area is still continuously dripping liquid onto the floor as if my incident never happened. This is because of not having the hazardous area. And frankly I have become intimidated by that area because when I have to walk past it my mind goes to what if it's firebreak. This is my second grievance in reference to this matter.

- B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

As you can see the manager Edward O'Brien responded to my first grievance by calling me up to the cafeteria & discussed with me about how he's well aware that the flooring in there is not the best type of flooring so that kind of environment and how he is trying to invest into a product that will enhance the safety of the hazardous area. But it has to be approved by the administration. I'm eagerly seeking to find out if any steps have been taking in the direction of getting a different product or what will happen... To sum it up in advance William Locke EA-1991

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 P.O. BOX 598
 CAMP HILL, PA 17001

EXHIBIT

J

OFFICIAL INMATE GRIEVANCE
 INITIAL REVIEW RESPONSE

GRIEVANCE NO.

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
William Locke EA-1991	SCI-Retreat	CB-53	February 8, 2001

The following is a summary of my findings regarding your grievance:

As we discussed - I am working with Maintenance and Administrative Staff to secure a floor treatment product that will enhance the safety in the Food Service area. Sincerely.

EJO/mm

xc: Deputy Piazza
 File
 Marsha M. Davis, Esq.
 Marilyn Semanski

XC: Mr. D. Hazzak A/B
medical
File - F.S. Sup vs

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	2. DATE
Mr Edward O'Brien Food Service Manager	5-6-00
3. BY: (INSTITUTIONAL NAME AND NUMBER)	4. COUNSELOR'S NAME
PHAN Hue DY0577	ms Simmons
5. WORK ASSIGNMENT	6. QUARTERS ASSIGNMENT
Kitchen	A-Block AA-10
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.	

Since I have been back to work, I am still suffering from severe pain in my right shoulder and arm, since my fall in the kitchen, my last time at work. I am being forced to work heavy labor when staff recognizes my poor or hampered use of my right shoulder and arm. Mr O'Brien would you please schedule me for light duty work only till my medical problems have been cleared by necessary physician. At the beginning of my injury I was by the DOC medical dept referred to a outside attending physician which that physician said that I need to see a Bone specialist for my shoulder problem. To this date and time, I have not been seen by any such doctor. Till this issue is addressed and resolved would you please respond back to me on the issues that concern you and the kitchen dept.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Thank You
phkhan/2

I contacted MR. HAZZAK WHO IN TURN WILL CONTACT MEDICAL FOR AN EVALUATION OF MEDICAL STATUS. AT THIS POINT - 05/08/00 YOU ARE PENDING A DECISION FROM MEDICAL STILL ASSIGNED TO THE KITCHEN.

Ed O'Brien CFSP

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

EXHIBIT

tablas

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A -

CASE ENTRY

To: UNIT TEAMPHANDY0577

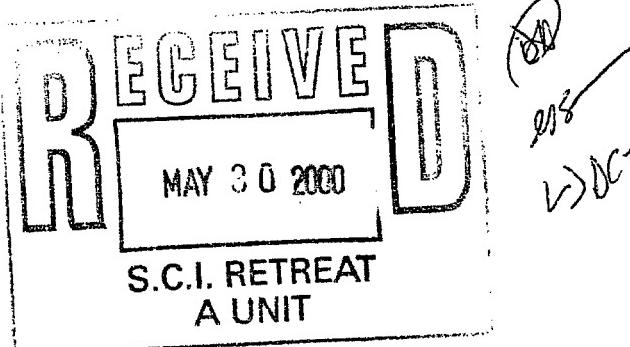
Inmates Name and Number

I wish to report the following ON 5/25/00 INMATE

PHAN DY0577 WAS EVALUATED BY MEDICAL
REGARDING STATUS FOR KITCHEN EMPLOYMENT
ALSO MR GIZA EMPLOYMENT COORDINATOR
WAS INVOLVED WITH RESEARCHING RELATED DATA.
IT IS DETERMINED THAT INMATE PHAN DY0577
IS NOT FIT TO WORK IN THE KITCHEN DUE TO
AN INJURY - INMATE PHAN SHOULD BE RE-
EVALUATED BY MEDICAL IN 8 WEEKS - JULY 28
FOR REINSTATEMENT INTO THE KITCHEN -
INMATE PHAN WILL BE PAID TILL THEN
INMATE PHAN DY0577 WAS DIRECTED TO SIGN UP
FOR SICK CALL FOR 5/26/00 AND MEDICATION W/ PAY
WILL BE ISSUED -

Date: 5-25-00
Edward J. O'Brien CSM
 Signature, Title and Assignment

CC MEDICAL - MR. MATALEK
 Food Service Suprs (3)
 MR. GIZA
 Deputy Piazza



Ability to prepare and maintain files, record, and reports relating to menus, recipes, orders, requisitions, inventory, food service personnel, and inmate help.

Ability to inspect equipment and identify the need for repair and maintenance.

Ability to direct and evaluate specialized meat cutting and baking operations.

Ability to communicate effectively both orally and in writing.

MINIMUM EXPERIENCE AND TRAINING: One year of experience as a Corrections Food Service Supervisor;

or

Four years of experience in food preparation, production, and service of a variety of complete meal menus in an institutional food service operation, food catering service, restaurant, or in a similar large-scale food production operation, including one year of supervisory experience;

or

Any equivalent combination of experience and training.

service.

Knowledge of the procedures involved in preparing a food service budget and maintaining cost controls and expenditure records.

Knowledge of the principles and practices in preparing nutritional foods.

Knowledge of food service safety and sanitation standards.

Knowledge of the proper care and use of standard kitchen, food serving, and sanitation equipment.

Ability to plan, organize, and direct the work of food service personnel and inmate help in a food service operation which includes a large-scale food preparation and food serving area.

Ability to establish work procedures for the overall operation of a food service operation.

Ability to plan, direct, and evaluate the food preparation, food service, and sanitation functions.

Ability to learn to plan, organize, and direct the work of food service personnel and inmate help in a centralized correctional institution food service operation which includes a large-scale food preparation and food serving area.

Ability to learn to enforce established institutional security and custody regulations.

Ability to determine proper unit staffing.

Ability to modify menu within given food service objectives, food and budget allowances, and standards of nutrition, cost, and quality.

Ability to learn to interpret physicians' prescriptions and to learn to modify selective menus in accordance with the Pennsylvania diet Manual.

Ability to direct the ordering, receiving, recording, storing, and distributing of food, supplies, and equipment.

Ability to plan, direct, coordinate, and evaluate training programs to provide orientation and on-the-job training to the food service staff in methods, materials, practices, and procedures used in all aspects of the operation.

Ability to conduct employee counseling to develop rapport with all personnel, resolve personnel problems, discuss career opportunities, and provide competent supervision.

Ability to determine undesirable working conditions, administer collective bargaining agreements, evaluate and reconcile employee complaints, and render decisions or recommendation on formal grievances.

Ability to learn to establish and maintain effective relationships with institutional personnel and inmate help.

allocate staff appropriately to meet departmental objectives.

Modifies selective menus in accordance with institutional and departmental objectives, doctor's prescriptions, and standards of nutrition, cost, and quality; and utilizes a special diet recipe manual for the preparation of therapeutic diet meals when ordered by physician.

Insures that proper control over inmates is maintained at all times by enforcing security and custody regulations, resolving infractions which occur in the department, and taking appropriate action on violations reported.

Monitors working conditions, administers collective bargaining agreements, evaluates and reconciles employee complaints, and renders decisions or recommendations on formal grievances.

Plans, directs, and evaluates food preparation, food service, and sanitation, which normally includes baking and meat cutting; and purchases perishable food items such as vegetables, meats, and fruits.

Directs the ordering, receiving, recording, storing, and distributing of food, supplies, and equipment.

Establishes, schedules, and implements training programs to provide orientation and on-the-job training to the food service staff in methods, materials, practices, and procedures used in all aspects of the food service operation; provides inmates with the skills and abilities to obtain and retain useful employment in the community upon release; and conducts employee counseling to develop rapport with all personnel, discuss career opportunities, and provide competent supervision.

Prepares new recipes and revises and modifies existing recipes to meet nutritional needs.

Inspects equipment to identify any need for repairs and supervises the preparation of work order requests for equipment repair and maintenance.

Inspects all work areas to insure compliance with established departmental sanitation and safety standards.

Conducts departmental staff meetings and attends administrative meetings to discuss departmental and institutional programs and goals, work conditions, and personnel and labor relations problems.

Attends workshops, conferences, and training sessions to learn new or improved methods and techniques in food service management.

Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS, AND ABILITIES: Knowledge of the modern principles, practices, and techniques of food service management, administration, and supervision.

Knowledge of the methods, materials, and equipment used in food

EXHIBIT

tables'

H

Class Code	Pay Range	Pay Schedule	Bargaining Unit	Civil Service or Non-Civil Service	Executive Board Change	Last Change Effective
81530	03	I	N3	N	279-95	7/1/1995

Click on Class Code for current expanded information, on Pay Schedule for current Pay Schedule, on Civil Service or Non-Civil Service to obtain the Evaluation Guide (if available), on Executive Board Change to obtain the Executive Board amendment listed and on Last Change Effective to obtain history.

11/24/1993

81530

CORRECTIONS FOOD SERVICE MANAGER 1

DEFINITION: This is food service work as a manager in charge of the food service operation at a State Correctional Institution or Facility which serves on a daily basis between 1-4000 meals to inmates and staff or as an assistant to a Corrections Food Service Manager 2 in charge of the food service operations at larger State Correctional Institutions or Facilities.

An employee in this class plans, organizes, and directs a complete food service operation which includes a large-scale food preparation and food serving area or, assists a higher level manager in a food service operation. As a manager, employees have administrative responsibility for the food service department which involves the functions of menu modification, purchasing perishable food items, personnel, finance, nutrition, food preparation, food service, and sanitation. Work is normally characterized by having the specialized functions of baking and meat cutting. Work also involves the direction over food service supervisors, food service instructors, and inmate help; development and implementation of cross training programs to food service employees in the specialized areas of the operation; and review of on-the-job vocational training provided to the inmate help. The employee is responsible for continued maintenance of satisfactory working conditions, conformance with established sanitation and safety standards, and enforcement of security and custody regulations in the operation. Work is performed with initiative and independent judgement and reviewed by the Deputy Superintendent and food service coordinator through conferences, reports, and evaluation of overall effectiveness.

EXAMPLES OF WORK: Plans, organizes, and directs a Correctional Institution or Facility food service operation which includes a large-scale food preparation and food serving area or assists a higher level manager at a larger State Correctional Institution or Facility.

Established work procedures for the overall operations of the food service department.

Reviews and maintains personnel, budgetary, and other departmental records and reports.

Determines staffing needs for the food service operation; interviews and recommends applicants for employment; determines priorities; schedules and assigns work and leave time; and reviews performance of subordinate staff.

Reviews and maintains overlapping shift schedules in order to

DC-14

**CUMULATIVE
ADJUSTMENT RECORD**
SCI-Retreat

Institution

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections

A UNIT

Institutional Number	PBPP NUMBER	NAME:
DY-0577		Rhan, Hu
Date	OBSERVATION	
3-1-00	Post infirmary interview - Mr. Rhan was in the infirmary overnight due to back problems. Says he is in quite a bit of pain. Claims they took X-Rays; he is waiting for the results. Blk by Simmons CCII	
2/29/00	HA 102.2 → AA 1101. Elzayor, Unit Clerk	

Approve and schedule leave and work schedules for Unit Counselors and Unit Clerks.

Approve cell changes within the Unit.

Ensure all team members maintain regular interaction with inmate population.

Ensure all team members participate in the decision-making process.

7. Briefly describe how work is assigned to this position and how the work is reviewed.

Work is assigned and reviewed by the Deputy Superintendent for Facilities Management through the use of assigned Performance Objectives and Factors by utilizing both individual conferences and regularly scheduled Unit Management meetings.

8. If this is a supervisory position, how work is assigned to subordinate personnel and how their work is reviewed. (If this is not a supervisory position, leave blank.)

Work is assigned that is consistent with employee's Job Description and established Performance Objectives and Factors. Work is reviewed on a daily basis utilizing conferences/briefings/staffings and Unit Team meetings.

RECEIVED

JUL 16 1998

SCI-RETREAT
PERSONNEL DEPT.

9. Attach an Organizational Chart identifying all reporting relationships for this position.

10. Attach a statement identifying the essential functions of the positions.

CERTIFICATION

I certify that to the best of my knowledge all statements contained within the job description are correct: This job description consists of _____ pages. (count this form as 1 page)

Employee's
Signature

Don Tye

Class
Title

Unit Manager

Date 17 Jul 98

Immediate Supervisor's
Signature

Thomas Lamm

Class
Title

DSFM

Date 17 July, 1998

Reviewing Officer's
Signature

B. C. Lamm

Class
Title

Supt

Date 17 July 98

COMMONWEALTH OF PENNSYLVANIA
STD-370 REV 10-96**JOB DESCRIPTION****EXHIBIT**F

2. Employee Number

097608

171137

1. Name of Employee (Last, First, MI)

HAZLAK, DALE T.

3. Department

CORRECTIONS

Bureau

Division

FACILITIES MGMT.

Headquarters

SCI-RETREAT

Organization Code

6500

4. Class Title

CORRECTIONS UNIT MANAGER

Working Title

UNIT MANAGER

Class Code

47470

5. Regular Work Schedule

Start Time:	0800
End Time:	1630

Lunch Length:	.50
Hours/Week:	40

Position is:

X

Full-Time

Permanent

Temporary

Days Worked (check all that apply):

S	M	T	W	Th	F	S
	/	/	-	-	/	/

Explain any schedule variations:

6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if necessary.

Provide supervision and technical assistance in Case Management to a Multi-Disciplinary Team that includes Counselors, Corrections Officers, and Clerical staff.

Develop and update annually a Unit Plan that incorporates clearly defined standards and objectives and team building strategies.

Establish daily work assignments and case loads of Unit Team members.

Conduct performance appraisals of staff assigned to the Unit.

Identify staff training needs and develop appropriate staff development programs for assigned staff. This includes Emergency Preparedness.

Approve orders of supplies and equipment for Unit. Provide input into Fixed Asset purchases and Budget development.

Conduct Unit Team meetings on a regular basis to ensure an effective exchange of information.

Monitor and ensure Unit security by operating the Unit in a manner consistent with the institution's overall security plan.

Maintain Unit sanitation and safety standards and complete weekly Unit Fire/Safety/Sanitation Reports.

Ensure Unit is in compliance with Department of Corrections Administrative Directives and institution policy.

Schedule and chair weekly Unit staffings.

Provide appropriate documentation for Unit case files and ensure Unit files are completed and organized.

Assist in developing Unit programs and evaluate their effectiveness.

Provide leadership in resolving day-to-day inmate problems through a variety of means including counseling and referral services.

Record and report required data for the Monthly SCAN Report.

HC SING PERFORMANCE REP RT

EXHIBIT

G

INMATE NAME	Phan, Huu	DC NUMBER
HOUSING ASSIGNMENT	Unit	DATE 6-4-01
REASON FOR REVIEW	ANNUAL PACT	
COUNSELOR	SA Miller, CCA	

PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.

FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			/	/				
Cooperative and courteous to staff			/	/				
Prompt for all line movements			/	/				
Obeys written and verbal orders			/	/				
Proceeds directly to and from cell/bunk without loitering			/	/				
Refrains from loud behavior in housing unit			/	/				
Gets up on time			/	/				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property	/			/				
Follows inmate dress code			/	/				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:

- Better
 The Same
 Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

- Spends time alone in cell Socializes with others
 Engages in disruptive activities Participates in officially sanctioned activities (e.g.: team sports)
 Other

(ALL MUST SIGN ON REVERSE SIDE)

INMATE NAME	<u>Rian Huel</u>				DC NUMBER	DY-0577			
HOUSING ASSIGNMENT	<u>A-Unit</u>				DATE	6-5-00			
REASON FOR REVIEW	ANNUAL PACT								
COUNSELOR	<u>Stacy Miller</u>								
PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.									
FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SEDOM (poor)		
	AM	PM	AM	PM	AM	PM	AM	PM	
Relates well with, and is courteous to, other inmates			✓	/					
Cooperative and courteous to staff			✓	/					
Prompt for all line movements			✓	/					
Obeys written and verbal orders			✓	/					
Proceeds directly to and from cell/bunk without loitering			✓	/					
Refrains from loud behavior in housing unit			✓	/					
Gets up on time			✓	/					
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property			✓	/					
Follows inmate dress code			✓	/					

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:
 Better
 The Same
 Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)
 Spends time alone in cell Socializes with others
 Engages in disruptive activities Participates in officially sanctioned activities (e.g.: team sports)
 Other

INMATE NAME	<i>Rian Huel</i>				DC NUMBER	NY-0577		
HOUSING ASSIGNMENT	<i>A-Unit</i>				DATE	<i>6-5-00</i>		
REASON FOR REVIEW	ANNUAL PACT							
COUNSELOR	<i>Stacy Muller</i>							
PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.								
FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			✓	/				
Cooperative and courteous to staff			✓	/				
Prompt for all line movements			✓	/				
Obeys written and verbal orders			✓	/				
Proceeds directly to and from cell/bunk without loitering			✓	/				
Refrains from loud behavior in housing unit			✓	/				
Gets up on time			✓	/				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property			✓	/				
Follows inmate dress code			✓	/				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:

Better
 The Same
 Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

- | | |
|---|---|
| <input type="checkbox"/> Spends time alone in cell | <input type="checkbox"/> Socializes with others |
| <input type="checkbox"/> Engages in disruptive activities | <input type="checkbox"/> Participates in officially sanctioned activities (e.g.: team sports) |
| <input type="checkbox"/> Other | |

HOUSING PERFORMANCE REPORT

INMATE NAME	Phan, Huu	DC NUMBER	DY-0577
HOUSING ASSIGNMENT	A-unit	DATE	6-4-01
REASON FOR REVIEW	ANNUAL PACT		
COUNSELOR	SA Miller, CCR		

PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.

FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			✓	✓				
Cooperative and courteous to staff			✓	✓				
Prompt for all line movements			✓	✓				
Obeys written and verbal orders			✓	✓				
Proceeds directly to and from cell/bunk without loitering			✓	✓				
Refrains from loud behavior in housing unit			✓	✓				
Gets up on time			✓	✓				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property	✓				✓			
Follows inmate dress code			✓	✓				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:
 Better
 The Same
 Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

<input checked="" type="checkbox"/> Spends time alone in cell	<input type="checkbox"/> Socializes with others
<input type="checkbox"/> Engages in disruptive activities	<input type="checkbox"/> Participates in officially sanctioned activities (e.g.: team sports)
<input type="checkbox"/> Other	

DC-14

**CUMULATIVE
ADJUSTMENT RECORD**

SCI-Retreat

Institution

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections

A UNIT

Institutional Number DY0577	PBPP NUMBER	NAME: Phan, Hue
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Date	OBSERVATION
-------------	--------------------

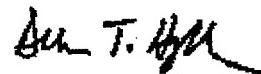
08Mar00

Six month Counselor Contact

Inmate Phan was seen by the Unit Manager for his six month counselor interview because we are operating with one Counselor. Today he denies any problems. I reviewed his prescriptive plan with him. He said that he is enrolled in school. He said that his assignment in the Kitchen was keeping him busy until he fell and hurt his arm. He said that his injury is healing and he expects to return to work in the near future. Inmate was cooperative with the interview and presents a positive attitude today.

His emergency contact was reviewed remains unchanged.

- The computer date will reflect a review completed on **01-27-00** to bring this case into compliance for the next scheduled review.



Unit Manager

6/20/00 2 → 3.
E.Hagn, UC

DC-14

**CUMULATIVE
ADJUSTMENT RECORD**
SCI-Retreat
Institution

COMMONWEALTH O
Department of _____

EXHIBIT

E

A UNIT

Institutional Number	PBPP NUMBER	NAME:
NY-0577		Rhan, Hue
Date	OBSERVATION	
3-1-00	Past infirmary interview - Mr. Rhan was in the infirmary overnight due to back problems. Says he is in quite a bit of pain. Claims they took X-rays; he is waiting for the results. Polite <i>Oldsmarans CCII</i>	
2/29/00	HA 1022 → AA 1101. <i>Efagon, Unit Clerk</i>	

Inmate Resolution Action Form

Inmate Name (Printed)	Inmate Number	DC-141 Part 1 Number	Date:
Phan	840577	171986	01 May 00

Action Taken

<input type="checkbox"/> No Action			
<input type="checkbox"/> Reprimand and Warning			
<input type="checkbox"/> Referred to Hearing Examiner			
<input type="checkbox"/> Cell Restriction (Up to 7 days)	Number of Days:	Start Date:	End Date:
Loss of Privileges: (Up to 7 days) <input type="checkbox"/> Telephone <input type="checkbox"/> Yard <input type="checkbox"/> Day Room <input type="checkbox"/> Other:	Number of Days:	Start Date:	End Date:
<input type="checkbox"/> 1 Week Loss of Commissary		Start Date:	End Date:
<input checked="" type="checkbox"/> Assignment of Additional Work Duties (No compensation allowed)	Assignment Clean Shelves	Start Date: 03 May 00	End Date: 05 May 00
<input type="checkbox"/> Restitution for Damaged/Destroyed State Items/Property	Item(s)	Amount to be Paid:	

Yale T. Hazlak
Unit Manager's Name (Printed or Typed)

Yale T. Hazlak 01 May 00
Unit Manager's Signature Date

Phan 01 May 00
Inmate Signature Date

cc: DC-14 (original)
Hearing Clerk

DC-141 Rev. 6-84 DISCIPLINARY HEARING REPORT		PART II B COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
DC Number DY0577	Name Phan	Institution SCI RT	Hearing Date 01 May 00	Hearing Time 1300 hrs	No. from Part 171986
INMATE PLEA	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	Uniform Reso

HEARING ACTION

CHARGES

Class I Category B #39, Refusing to work

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

This is an informal resolution

Return to work in kitchen

and

3 days of Cleaning Showers, & pay

effective May 3, 2000 through May 5, 2000

01 May 00

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen.	SEE APPENDICES <input type="checkbox"/>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The circumstances of the charge have been read and fully explained to the inmate.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The opportunity to have the inmate's version reported as part of the record was given.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.	

NAME(S) OF HEARING EXAMINER/COMMITTEE
(TYPED OR PRINTED)

*Dale T. Hazelkorn
Unit Manager*

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

[Signature]
SIGNATURE OF HEARING EXAMINER/COORDINATOR

EXHIBIT

DC-14

**CUMULATIVE
ADJUSTMENT RECORD**
SCI-Retreat
Institution

COMMONWEALTH OF P
Department of C

A UNIT

Institutional Number DY0577	PBPP NUMBER	NAME: Phan, Hue
---------------------------------------	--------------------	------------------------

Date	OBSERVATION
-------------	--------------------

01MAY00

INFORMAL RESOLUTION

Inmate was seen today to conduct an informal resolution of misconduct 171986 Class 1, Category B, #39 Refusing to work, attend school or attend mandatory programs or encouraging others to do the same. Phan said that he wants to work and wants to resolve the matter without needing to see the hearing examiner. After discussing the situation the decision is to informally resolve the misconduct. Inmate will return to work in the kitchen and is sanctioned to **3 days of cleaning the Unit showers effective 03MAY00 through 05MAY00**. He will receive no pay for cleaning the showers.

I contacted Mr. O'Brien and informed him of the outcome of this hearing. The paperwork was sent to Mr. Luzney for computer entry. Mr. Giza was also sent a copy of the disposition.

Unit Manager

Wyoming Valley Health Care System, Inc.	Date:
DISCHARGE INSTRUCTIONS	PHAN Name HUE JOY M
EMERGENCY SERVICES DEPARTMENTS	633333 ER-CELLER
General Campus (Wilkes Barre) 552-1000	02/28/2000 601465651
Nesbitt Campus (Kingston) 552-7700	SCI EB/TREAT 03/02/69
Proworks(500 Scott St., Wilkes-Barre) 829-7870	193-64-9959 - -
Proworks Mountaintop (62 N.Mt. Blvd., Mountaintop) 474-6865	
FORM # NSG 060	MR #:

SPRAINS / CONTUSIONS

1. A sprain is a tear of one of the tough bands (ligaments) that hold bones together at a joint. It is caused by putting more pressure on a joint than the ligaments can hold. A sprain may be mild or very severe. A serious sprain can permanently alter the way a joint functions.
 - > Pain is usually mild when the injury occurs, but worsens after a few hours.
 - > Swelling, also, usually comes on gradually.
 - > Bruising may appear after 12 to 24 hours.
 - > A sprain does not show on x-ray but fractures usually do.
2. Rest is the most important treatment. A sprained joint is weakened and can easily be injured again, sometimes more severely.
3. Apply an ice pack 20 minutes per hour for the first 24 to 48 hours to decrease swelling. Use a towel between the ice bag and the skin to prevent tissue damage.
4. Apply warm water soaks _____ minutes _____ times a day after the initial 24 - 48 hours to help decrease swelling.
5. Elevation will cut down on the swelling and throbbing. If the wrist or elbow or shoulder is injured, keep the arm up on 1 or 2 pillows for 4 - 12 hours. If a foot or knee is injured, keep it elevated on 2 pillows while lying down for 24 - 48 hours.
6. Pain can be controlled by aspirin, Tylenol or Ibuprofen as directed.
7. Mild sprains heal in a few days. If you are still having difficulty after several days, another X-ray may be necessary to detect simple breaks which do not appear until they begin to heal. Severe sprains may require a cast and can take up to 6 weeks to heal.
8. Wear an Ace Bandage for _____ days. Remove at night and readjust frequently during the day.
9. Wear the Air Stirrup over a sock for _____ days.

Other comments:

*Wear sling / shoulder mobilizer
for 5 to 7 days*

EXHIBIT

Valley Health Care System, Inc.
DISCHARGE INSTRUCTIONS
EMERGENCY SERVICES DEPARTMENT

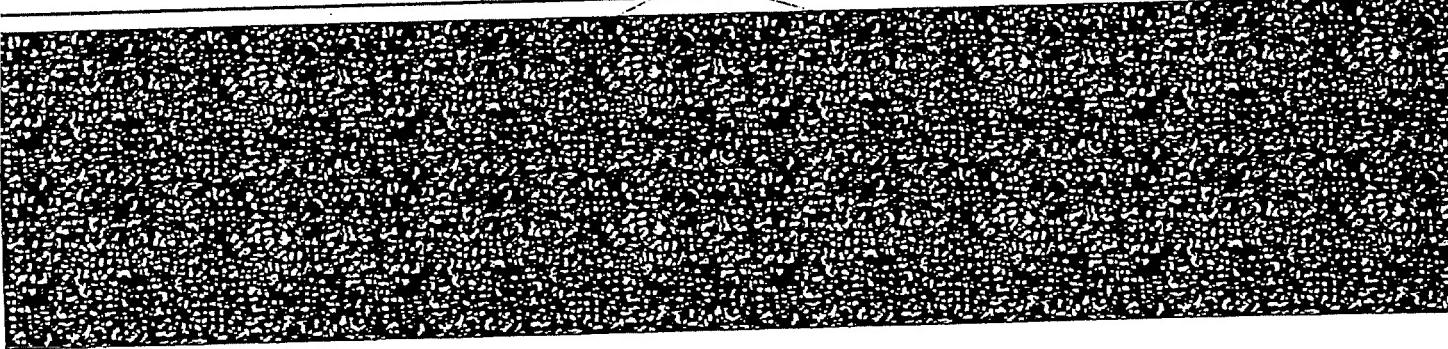
General Campus (Wilkes-Barre) 552-1000
 Nesbitt Campus (Kingston) 552-7700

Form # ERS-901 Rev. 5/97

DATE:	PHANIE
NAME:	63353 ER-GEN
	02/28/2000
	SCI RETREAT
ED #:	193-64-9959
	K57
MR #:	

Except for schedule II drugs, medications ordered on this form are legal prescriptions, are not duplicated elsewhere and may be filled as written.

PRESCRIPTIONS AND INSTRUCTIONS	QTY.	REF.	TIMES TO BE TAKEN	COMMENTS



INSTRUCTION SHEET(S) GIVEN

- Abdominal Pain Fever - Child Sprains / Bruises Vomiting & Diarrhea Wound Care
 Asthma / Bronchitis / Croup Head Injury STD's Fracture Care Vaginal Bleeding
 Behavioral Health Back Care Social Services Physician Referral List

INSTRUCTIONS TO PATIENT

REPORT ANY CHANGES OR CONCERN'S TO YOUR PHYSICIAN OR THE EMERGENCY ROOM

*Ibuprofen 200mg Take 2 to 3 tablets with food
 every 6 hours for pain and/or Tylenol 500mg
 Take 2 tablets every 6 hours as needed for
 discomfort*

Phone:

Card Given

REFERRED TO:

on _____ at _____ am / pm

- You have an appointment with _____
 Make an appointment in _____ days. If you have any trouble getting an appointment, please call us.
 Pick up copies of your x-rays before your appointment. Call 552-1711 at the General Campus or 552-7528 at the Nesbitt Campus to have them ready for you.
 You have been given copies of your x-rays. Be sure to take them with you to the doctor's appointment.
 If no improvement in 5-7 hours / days, or if your condition worsens, or if any new symptoms arise, call your private physician or return to the Emergency Department for a recheck. *Follow up with orthopedics*

1. Your provisional diagnosis is: *(2) shoulder contusion / low back contusion*
 2. Have your prescriptions filled and take as directed.
 3. You may return to work / school on _____
 4. If you had EKGs / X-rays, the reading was a provisional. We will call if there is a difference in the final reading.
 5. I understand that the treatment I have received was on an Emergency basis only and not meant to replace the complete care from a personal physician. I will call my personal physician within 24 hours of this Emergency visit to notify him / her of this visit.
 6. After I am released from the Emergency Department, if my condition becomes worse, or fails to improve, or new symptoms or other medical problems become apparent, I understand that I should contact my family doctor or return to this hospital or to the nearest emergency center.

 7. BY SIGNING ON THE LINE BELOW, MY SIGNATURE INDICATES:

- THAT I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS,
 RECEIVED A COPY OF THIS FORM AND APPLICABLE INSTRUCTION SHEETS,
 AND WILL ARRANGE FOR THE FOLLOW-UP CARE.

M.D. / D.O.

Master Index -

Policy	Policy Title	Issued	Effective	Authority
13.02.07	Inmate Health Care Plan	11/17/1999	12/20/1999	Martin F. Horn
13.02.08	Chronic Disease Management	5/31/1995	6/30/1995	Martin F. Horn
13.02.08-01	Chronic Disease Management	12/02/1996	12/02/1996	Raymond E. Clymer, Jr.
13.02.11	Access to Dental Care	6/14/1996	6/28/1996	Martin F. Horn
13.02.12	Corrective Eyewear	12/02/1996	2/03/1997	Raymond E. Clymer, Jr.
13.02.12-01	Corrective Eyewear	11/18/1997	12/01/1997	Martin F. Horn
13.03.01	Inmate Tuberculosis Control	3/07/1997	5/07/1997	Martin F. Horn
13.03.01-01	Inmate Tuberculosis Control	4/16/1998	5/01/1998	Martin F. Horn
13.03.01-02	Inmate Tuberculosis Control	6/04/1998	6/15/1998	Martin F. Horn
13.03.02	Employee Tuberculosis Control	3/07/1997	5/07/1997	Martin F. Horn
13.03.03	Contagious Disease Notification	1/29/1999	3/01/1999	Martin F. Horn
13.03.04	Prescription and Use of "Egg Crate" Mattresses	6/08/1995	7/03/1995	Raymond E. Clymer, Jr.
13.03.06	Management and Reporting of HIV Infection Contagious Disease Notification Policy	12/05/1991	12/05/1991	Joseph D. Lehman
13.03.06-01	Management and Reporting of HIV Infection Contagious Disease Notification Policy	7/29/1993	7/29/1993	Lawrence J. Reid
13.03.07	Occupational Exposure to Bloodborne Pathogens	9/22/1997	10/20/1997	Martin F. Horn
13.03.07-01	Occupational Exposure to Bloodborne Pathogens	5/15/1998	5/26/1998	Martin F. Horn
13.03.08	Regulations of Communicable & Non-Communicable Diseases	7/06/1999	8/06/1999	Martin F. Horn
13.03.09	Sexually Transmissible Diseases Treatment	5/28/1999	6/25/1999	Martin F. Horn
13.04.01	Pharmacy Guidelines	10/15/1998	11/16/1998	Martin F. Horn
13.04.01-01	Pharmacy Guidelines	11/09/1998	11/16/1998	Martin F. Horn
13.05.01	Inmate Health Education Manual	5/31/1995	6/30/1995	Martin F. Horn
13.06.01	Maintenance of Integrated Health Records	7/18/1997	10/15/1997	Martin F. Horn
13.07.01	Hospice Care	3/10/1999	4/09/1999	Martin F. Horn
13.07.01-01	Hospice Care	4/22/1999	4/29/1999	Martin F. Horn
13.07.02	Long Term Care Unit Referral Process	9/17/1997	9/17/1997	Martin F. Horn
13.08.01	Administering Involuntary Parenteral Psychotropic Medication for Psychiatric Emergencies	12/04/1997	1/05/1998	Martin F. Horn
13.08.04	Intermediate Care Unit	4/29/1999	5/28/1999	Martin F. Horn

Master Index -

Policy	Policy Title	Issued	Effective	Authority
13.01.01	Credentialing and Privileging	10/09/1998	10/19/1998	Martin F. Horn
13.01.01-01	Credentialing and Privileging	9/24/1999	10/01/1999	Martin F. Horn
13.01.02	Clinical Review of Inmate Deaths and Attempted Suicide Policy	9/17/1999	10/19/1999	Martin F. Horn
13.01.03	Quality Improvement	6/08/1995	6/30/1995	Martin F. Horn
13.01.03-01	Quality Improvement	8/16/2000	8/28/2000	Martin F. Horn
13.01.04	Refusal to Eat and/or Take Liquids	9/02/1993	11/02/1993	Joseph D. Lehman
13.01.05	Advanced Directive for Health	3/10/1999	4/09/1999	Martin F. Horn
13.01.06	Inmate Refusal to Accept Medical Treatment	3/10/1999	4/09/1999	Martin F. Horn
13.01.08	Use of Institutional Health Care Facilities by Staff	3/10/1999	4/09/1999	Martin F. Horn
13.01.09	Medical Contract Monitoring	3/10/1999	4/09/1999	Martin F. Horn
13.01.11	Orientation for Nursing Staff	10/09/1998	10/19/1998	Martin F. Horn
13.02.01	Initial Intake Screening and Medical Clearance for Transfer	5/22/1997	5/22/1997	Martin F. Horn
13.02.01-01	Initial Intake Screening and Medical Clearance for Transfer	8/04/1998	9/01/1998	Martin F. Horn
13.02.01-02	Initial Intake Screening and Medical Clearance for Transfer	10/14/1998	10/16/1998	Martin F. Horn
13.02.01-03	Initial Intake Screening and Medical Clearance for Transfer	11/09/1998	11/16/1998	Martin F. Horn
13.02.02	Review of Diagnostic Reports	3/26/1999	4/26/1999	Martin F. Horn
13.02.03	Access to Health Care	5/31/1995	6/30/1995	Martin F. Horn
13.02.03-01	Access to Health Care	8/01/1995	8/01/1995	Martin F. Horn
13.02.03-02	Access to Health Care	3/12/1996	3/12/1996	Raymond E. Clymer, Jr.
13.02.04	Physical Examinations: New Commitments; Returning Inmates, HVA's, Annual; Biennial; Commutation; Medical Clearance for Activities, Employment, Food Service Workers	5/22/1997	7/22/1997	Martin F. Horn
13.02.05	Access to Emergency Care	5/31/1995	6/30/1995	Martin F. Horn
13.02.05-01	Access to Emergency Care	10/16/1996	10/16/1996	Raymond E. Clymer, Jr.
13.02.06	Inpatient Unit Medical Procedures	10/09/1998	10/19/1998	Martin F. Horn

Part A: To be completed by referring Institution.

Referred to:	Referred from:	Appt. Date
		Appt. Time

Drug Sensitivity: No Yes (Specify):**Current Medications and Significant Medication History:****Present Illness:** (Include Significant Hx, Pertinent PE., Summary of lab and X-Ray studies, and reason for referral)

Date

Signature of referring Physician

Part B: To be completed by consulting Physician.

Examination findings and test results.

(Cont. on reverse side)

DC-61

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 CONSULTATION RECORD

Inmate Identification

D.O.B.

SSN

Inst. No.

Name

ATTACHMENT

SICK CALL - DENTAL

Date _____

Block _____

ATTACHMENT

SICK CALL - MEDICAL

Date _____

Block _____

ATTACHMENT

SICK CALL REQUEST

DATE _____

TIME _____

HOUSING UNIT/CELL BLOCK _____

INMATE NAME _____ NUMBER _____

COMPLAINT: _____

_____ MEDICAL

_____ DENTAL

Place this request form in the locked medical box on the housing un

IX. SUPERSEDED POLICY AND CROSS-REFERENCE:

This is a new policy. It does not supersede any previous DOC policy.

ACA Cross Reference: **3-4330, 3-4331, 3-4353, 3-4356,
 3-4357**

**OM-105.02 - Hospitalization and/or Consultation Cases Requiring Special
Handling (3/31/86)**

OM-105.03 - Delivering of Non-Essential Medical Service (8/19/87)

OM-105.03 - Follow up Care (8/1/88)

**OM-105.03 - Guidelines for the Clinical Management of Substance Abuse
Department (8/19/87)**

**OM-105.04 - Inmates Refusing to Take Prescribed Psychotropic Medications
(2/9/87)**

**OM-105.08 - Policies for Maintenance of the Medical Record System (8/5/86)
(IV-02 DC-61 Consultation Record)**

DC-ADM 820 - Health Care For Inmates

13.2.7 - Chronic Disease Management Policy

-- 6.5.1 - Administration of the RHU


Clinical Director/Consultant

5-24-95

Date

E. Chronic Care Clinics

1. The Corrections Health Care Administrator is responsible for monitoring a formal system to ensure inmate access to routine follow-up care. The contract vendor will implement or operate an appropriate system.
 - a. A list of inmates for each chronic care clinic will be developed and confidentially maintained.
 - b. The nurse assigned will be responsible to ensure the inmate is seen by calling the housing unit if necessary. Inmates refusing care must sign a DC-462, Release From Responsibility for Medical Treatment.
2. All clinic visits shall be documented in the record.
3. Chronic disease management shall be in accordance with established physician parameters. Refer to Chronic Disease Management Policy, 13.2.7.
4. The Corrections Health Care Administrator shall ensure that physician performance complies with the practice parameters set forth in policy.

VII. SUSPENSION DURING EMERGENCY:

In an emergency situation or extended disruption of normal institutional operation, any provision or section of this policy may be suspended by the Commissioner or his/her designee for a specific period of time.

VIII. RIGHTS UNDER THIS POLICY:

This policy does not create rights in any person nor should it be interpreted or applied in such manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility so as to be consistent with law and to permit the accomplishment of the purpose of the policies of the Bureau of Health Care Services - Department of Corrections.

2. The consolation form will be reviewed and approved by the medical director or designee and processed by the vendor site administrator.
 - a. When the appointment is made, it will be recorded in the medical record as to the time, date and with whom.
 - b. A separate log will be maintained for all scheduled outside appointments.
 - c. If it is disapproved, the medical director/designee will document justification in the medical record.
3. Pertinent medical information will accompany the inmate to the appointment.
 - a. The medical information will be placed in a sealed, "confidential" envelope and will be issued to the correctional officers assigned to escort the inmate.
 - b. Special precautions or instructions needed for the transporting correction officers shall be conspicuously noted on the outside of the envelope.
4. A schedule of routine off-site appointments will be made by the medical contract vendor in coordination with the Shift Commander at least one week in advance, so that adequate transportation and security will be available.
5. The vendor is responsible to inform the outside consultant that the inmate can not be told the date of follow-up appointments. If it is discovered that an inmate is aware of the time of an appointment, it will be rescheduled.
6. Control and the Shift Commander will be informed of cancellation or rescheduling of an appointment as soon as possible.
7. The consultant will record his/her findings and recommendations on the Consultation Record (DC-441), and it will be returned to the infirmary area at the time of the inmate's return.
8. The medical director/designee will review the consultant's recommendations within 48 hours, and order any treatments, medications and/or diagnosis testing on the appropriate DC-472, Progress Notes.

B. Initial and Routine RHU Assessment

1. The Medical Department shall be notified when an inmate is placed in the RHU.
2. The nurse will review the medical record for current medical, or psychiatric care and treatment.
 - a. A mental health professional will be notified by the health professional if the inmate's medical record reveals a psychiatric history.
 - b. A physician will make daily rounds in the RHU and SMU.

C. On-Site Consultations

1. The Corrections Health Care Administrator shall assure and vendor on-site administrator will be responsible for maintaining a list of inmates for each specific clinic.
2. There will be a nurse assigned to assist the physician in appropriate specialty clinics.
3. A contract vendor will provide on-site specialty care when six (6) or more referrals are made in a month.
4. The day prior to the clinic, the inmates who are to attend shall be notified via local procedure (call out sheet, etc.).
5. A completed Consultation Record (DC-441) (Attachment IV) and the medical record will be available to the specialist. The consultation form will provide the reason the referral was made and any pertinent information about the inmate's medical condition.
6. The medical director or designee will review the consultant's recommendations within 48 hours and order any treatments, medication or diagnosis testing on the DC-472, Progress Notes.

D. Off-Site Consultations

1. A consultation form will be completed by the referring physician as to the reason for the referral and any other pertinent information.

- b. Inmates who experience medical problems and who wish to be seen on sick call will be required to place a sick call request form in the locked medical box in the housing unit, or use a sign up sheet, if available. If a sign up sheet is utilized, a locked medical box in the housing unit must still be made available for those inmates desiring to use this method to obtain health care services. (Refer to Attachment I)
- c. The Correctional Health Care Administrator will assure that sick call slips are retrieved by medical staff from the locked boxes at a minimum Sunday thru Thursday (excluding the day before a holiday).
 - 1) Individual request slips will be available with the medical record for sick call.
 - 2) A master list will be initiated for each housing unit and will be utilized for scheduling sick call (Attachments II & III), or suitable local substitute. Medical information is confidential and is not to be included on the master sick call request forms.
 - 3) No shows are to be documented in the medical record.
 - 4) Sick call request slips may be destroyed after the inmate is seen or fails to show as scheduled.
 - 5) The sick call master list will be retained by the medical records supervisor for three years.
- d. A licensed health care professional will conduct sick call.
 - 1) A physician assistant will conduct routine sick call.
 - 2) Any inmate who requires care beyond the scope of the physician assistant will be referred to the physician.
 - 3) Non-scheduled inmate encounters will be assessed by a registered nurse. He/She will utilize necessary protocols written by the medical director. Any medical intervention requiring a higher level of care will be referred to a physician assistant or physician.
- e. All medication lines and sick call lines will be conducted in areas where the inmates waiting for services are protected from the elements, including cold.

Disciplinary Custody - The maximum restrictive status of confinement to which inmates found guilty of Class I misconduct may be committed.

On-Site Consultations - Physician services in a particular specialty that are provided in the facility due to the number of inmates presenting with a problem requiring specialized care.

Off-Site Consultations - Physician services in a particular specialty ordered by a physician not provided on site either because highly specialized diagnostic equipment is not available or the number of referrals per month do not warrant on site consultations.

Restricted Housing Unit (RHU) - Designated area or housing unit for inmates assigned to disciplinary or administrative custody status.

Sick Call - A regularly scheduled process whereby licensed health care staff respond to inmates' health care needs and requests regardless of housing status.

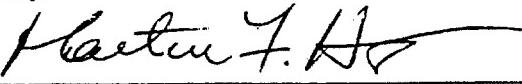
V. POLICY:

It is the policy of the Department of Corrections, to provide access to medical and dental care via a sick call system. Access to emergency care is available 24 hours a day. All inmates who are segregated for pre-disciplinary, disciplinary, or investigative reasons, have daily access to health care and record review upon admission to segregation. All Department of Corrections Medical Departments will provide specialty consultations. Off-site specialty consultations will be provided in accordance with regularly scheduled follow-up care.

VI. PROCEDURES:

A. Sick Call

1. Sick Call is readily available to all inmates.

		POLICY STATEMENT Commonwealth of Pennsylvania • Department of Corrections	
Policy Subject: ACCESS TO HEALTH CARE		Policy Number: 13.2.3	
Date of Issue: May 31, 1995	Authority: 	Effective Date: June 30, 1995	

RECEIVED

JUN 5 1995

I. AUTHORITY:

**SCI RETREAT
SUPERINTENDENT'S**

The Authority of the Commissioner of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, Act of April 9, 1929, P.C. 177, No. 175, as amended.

II. PURPOSE:

The purpose of this policy is to establish procedures for inmates to access medical and dental care.

III. APPLICABILITY:

This policy and any resultant procedure(s) are applicable to all medical areas within the Department of Corrections facilities and all employees, both State-employed and Contract providers, who are authorized to provide inmate care and those who utilize the Department of Corrections equipment and facilities.

IV. DEFINITIONS:

Administrative Custody - A status of confinement for non-disciplinary reasons which provides close supervision, control, and protection more than is provided for in general population.

Chronic Disease Clinic - Regularly scheduled follow-up physician care structured in accordance with diagnostic - specific parameters for those inmate's with a particular chronic disease.

		BULLETIN Commonwealth of Pennsylvania • Department of Corrections	
To: Executive Deputy Commissioner Regional Deputy Comm. Executive Staff Superintendents Boot Camp Commander		Policy Subject: Access to Health Care	
		Policy Number: 13.2.3-1	
		Policy Issue Date: 5/31/95	
Date of Issue: 8/01/95	Authority: <i>Martini F. H.</i>	Effective Date: 8/01/95	

Page 4, Para. B., 2., b., is revised to delete the requirement that "a physician will make daily rounds in the RHU or SMU". The revision will now reflect that "RHU rounds will be made daily by either a physician or physician assistant".

A physician must visit the RHU at least once per week.

xc: Deputy Wilson
 Deputy Piazza
~~Mr. Mataloni*~~
 File

* Distribute policy & bulletin to appropriate staff.

RECEIVED

AUG 7 1995

SCI RETREAT
 SUPERINTENDENT'S
 OFFICE

Revised Health Care Policy and New Bulletin
Page 2

March 12, 1996

New Bulletins:

13.2.3-2 Access to Health Care - Consultant's recommendations must be reviewed by the medical director or his designee within 48 hours of receipt by the institution.

When a consult is written , it must be reviewed and approved by the medical director or his designee within 5 days from date the consult was written.

6.7.9-1 Reporting of Extraordinary Occurrences - The Bureau of Health Care Services is responsible for maintaining a database on inmate deaths. It is imperative that the "interim fax" regarding an inmate death is faxed to the Bureau of Health Care Services.

Please assure that appropriate staff are provided copies of this policy and bulletins for review, implementation and inclusion in Administrative Manual, Volume 13 and Volume 6. Thank you for your cooperation.

Attachments

RC/KZ/JMM

file: new-polb.m03

EXHIBIT

tabbed*

B



Bulletin
Commonwealth of Pennsylvania - Department of Corrections

To: Superintendents Boot Camp Commander CCC Regional Directors Executive Staff	Policy Subject: ACCESS TO HEALTH CARE	
	Policy Number: 13.2.3-2	
	Policy Issue Date: May 31, 1995	
Date of Issue: March 12, 1996	Authority:	Effective Date: March 12, 1996

The purpose of this bulletin is to amend:

Section VI.C.6 and Section VI.C.8, Procedures: The medical director or designee will review the consultant's recommendations within 48 hours of receipt by the institution and order any treatments, medication and/or diagnostic testing on the DC-472, Progress Notes.

Section VI.D.2., Procedures: The consultation form will be reviewed and approved by the medical director or designee within 5 days from date the consult was written.

Inmates must be seen by the specialty care provider within 30 days of the approval by the medical director for on-site services, and within 60 days for off-site services.

RECEIVED

DEC 17 1997

**SCI RETREAT
SUPERINTENDENT'S
OFFICE**

xc: Deputy Lavan
Deputy Piazza
Mr. Mataloni
File

* Distribute to appropriate staff.

Set example for medical department by reporting to work on time and being present at meetings.

Meet deadlines for assignments and do assignments in quality manner.

Recommends performance of repairs and modifications to medical facility. Prepares requisitions for supplies and equipment, and, establishes a system of control for the storage and dispensing of pharmaceuticals.

Act as staff advisor to the Superintendent on matters regarding the health and welfare of inmates and the physical condition of employees as it affects their ability to perform work.

Interviews and recommends paraprofessional and professional health care applicants. Participates in the recruiting of professional medical staff, prepares work schedules, develops work standards, evaluates work performance, resolves grievances, takes disciplinary action, and recommends suspension and dismissal action.

Supervises assigned inmate workers through custody staff, including responsibility and accountability for their work actions and security.

Supervisors the office management functions, including the maintenance of medical records.

Participates in the negotiation of contracted regional health care services for the purposes of providing a full line of clinical services (such as ENT, Ophthalmology, urology, neurology, orthopedic, dermatology, podiatry, cardiovascular, physician assistants, internal medicine, infectious disease, and general practitioner).

Consults with medical professional staff and schedules transfer of inmates from own or other institutions to provide surgical, clinical, and outpatient psychiatric services.

Performs related work as required.

Monitor the medical contractor to assure services are being provided in accordance with the current contract/RFP.

Submit Monthly Contract Monitor Reports to the BHCS Medical Contract Monitor to document areas of noncompliance.

Monitor and approve payment of hours worked by the contract staff.

Approve and submit Monthly Hours and Inmate Count reports as invoicing payments. Include all approved penalties on the Monthly Hours report.

Assist in determining the amount of medical services needed for the institution and make recommendations for staffing changes to the BHCS Medical Contract Monitor.

Joseph Mataloni, C.H.C.A.

Job Description

Work closely with the Vendor Site Administrator to assure medical services are being provided and current policies and standards are being met.

Review and approve all hospital invoices to assure that the services were medically necessary and actually provided.

Resolve contract noncompliance issues and report appropriate penalties to the BHCS Medical Contract Monitor.

24-hour daily basis, 7 days a week including pre and post operative care, physical examinations, medical and surgical treatment, dentistry, nursing care, physical therapy, dietary service, psychiatry, medical and x-ray technology, and medical records maintenance. Directs, through subordinate supervisors all activities associated with operation of a state correctional institution infirmary and licensed inpatient mental health unit.

Oversee inmate janitors, professional and paraprofessional health care personnel, and contracted medical or mental health services.

Plan, organize, assign, and evaluate work of subordinates to obtain maximum efficiency and achievement of desired results.

Acts as staff advisor to the Superintendent on matters regarding the health and welfare of inmates and the physical condition of employees as it effects their ability to perform work.

Ability to establish and maintain effective working relationships with medical staff and other institution personnel.

Ability to express ideas clearly and concisely both orally and in writing.

Meets with the Superintendent in a quarterly meeting, addressing the effectiveness of the health care system, any health environment factors, and any condition that poses a danger to staff or inmate health safety. Statistical summaries/reports will indicate health services by category (e.g. operative procedures, referrals to specialists, ambulance services, etc.)

Communicates with contracted medical services and institution staff-both subordinate and administrative. This involves matters such as the general level of medical care, outside hospitalization and consultative services, as well as regular contract physicians who visit the institution on a regular basis or provide required medical services.

Acts as a member of the executive staff to carry out Bureau of Health Care Services' goals and objectives. Acts as institution liaison for the Bureau of Health Care Services in relating local needs.

Prepares and submits annual budgetary requirements to the Bureau of Health Care Services, including personnel needs.

Implements and monitors the Bureau of Health Care Services' recommended quality assurance program as it pertains to all health care operations. Prepares and submits statistical reports to health care section with analysis as necessary.

Demonstrates knowledge of management theory by exercising equitable, objective treatment of all subordinate staff.

Shows willingness to assess staff weaknesses and sets plan of action to develop areas of weakness.

Encourages team concepts in working with staff, and, interacts in a positive manner. Sets a good example to staff by dealing with own frustrations.

**Joseph Mataloni, CHCA
Job Description**

Be cognizant of all security rules and regulations as they apply to operations of health care in the prison environment.

Encourage wellness of all staff and inmates by advising of any health hazards in the environment and act as education resource for the institution on health matters.

Work is assigned both verbally and in writing. Standards and objectives are established and reviewed in accordance with the Employee Performance Review. Day to day supervision is accomplished through regular meetings, review of written work and frequent informal consultation.

8. If this is a supervisory position, briefly describe how work is assigned to subordinate personnel and how their work is reviewed. (If this is not a supervisory position, leave blank.)

The Corrections Health Care Administrator's duties at SCI Retreat includes the oversight and monitoring of all services delivered by a contract vendor, as well as the coordination of those services with facility staff, training and inspections. Supervision is by a combination of formal meetings and frequent informal consultations.

9. Attach an Organizational Chart identifying all reporting relationships for this position.

See attached.

10. Attach a statement identifying the essential functions of the positions.

CERTIFICATION

I certify that to the best of my knowledge all statements contained within the job description are correct: This job description
Consists of _____ pages. (count this form as 1 page)

Employee's
Signature

Class
Title

Date

Immediate Supervisor's
Signature

Class
Title

Date

Reviewing Officer's
Signature

Class
Title

Date

**Joseph Mataloni, C.H.C.A.
Job Description**

Plans, organizes, directs, administers, and manages health care services for inmates in the treatment of illness, diseases, and injuries per Bureau of Health Care Services' standards, guidelines and directives.

EXHIBIT

COMMONWEALTH OF PENNSYLVANIA
STD-370 REV. 10-96**JOB DESCRIPTION**

tables

A

1. Name of Employee (Last, First, MI) MATALONI, Joseph P.		2. Employee Number 447322	041810				
3. Department Corrections	Bureau SCI Retreat	Division Centralized Services	Headquarters Medical				
4. Class Title Corrections Health Care Administrator		Working Title Health Care Administrator	Class Code 47660				
5. Regular Work Schedule		Position is:					
Start Time: 0800	Lunch Length: 1/2 hr.	<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Permanent				
End Time: 1600	Hours/Week: 37.5	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary				
		Reports to:	Name Joseph J. Piazza				
		Class Title Deputy Corrections Superintendent I					
Days Worked (check all that apply):							
S <input checked="" type="checkbox"/>	M <input checked="" type="checkbox"/>	T <input checked="" type="checkbox"/>	W <input checked="" type="checkbox"/>	The <input checked="" type="checkbox"/>	F <input checked="" type="checkbox"/>	S <input type="checkbox"/>	Explain any schedule variations:

6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if needed.

7. Briefly describe how work is assigned to this position and how the work is reviewed.

Exhibits

- A. Health Care Administrator Job Description – 4 pages
- B. DOC Policy 13.2.3, with updates – 14 pages
- C. Emergency Room Doctor Report – 2 pages
- D. Misconduct proceedings, #171986 – 4 pages
- E. Personal Reports by Hazlak – 4 pages
- F. Unit Manager Job Description – 3 pages
- G. (There is no Exhibit G)
- H. Food Services Manager I Job Description – 4 pages
- I. 5/25/00 memo signed by O'Brien – 2 pages
- J. Williams kitchen fall grievance – 6 pages